

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071

Home Office P.O. Box 32 Russell, KS 67665

No. 3794

Cell 785-324-1041

Date	10-7-23	Sec.	29	Twp.	8	Range	18	County	Rook	State	KS	On Location		Finish	4:45 Am
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Location Plainville TN 3W

Lease	Hil Gers 29-1	Well No.		Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	Double D			Charge To	H & C
Type Job					
Hole Size	7 7/8	T.D.			
Csg.		Depth		Street	
Tbg. Size		Depth		City	State
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	290A 69/40-4 4FS

Meas Line		Displace			
EQUIPMENT				Common	175
Pumptrk	17	No. Cementer Helper	Bill	Poz. Mix	115
Bulktrk		No. Driver	JORDAN	Gel.	10
Bulktrk	21	No. Driver	CORY	Calcium	

JOB SERVICES & REMARKS			Hulls	
Remarks:			Salt	
Rat Hole			Flowseal	75 #
Mouse Hole			Kol-Seal	
Centralizers			Mud CLR 48	
Baskets			CFL-117 or CD110 CAF 38	
D/V or Port Collar			Sand	
3440 -	50 sks		Handling	300
1450 -	50 sks		Mileage	
850 -	100 lbs			
275 -	50 sks			
40 -	10 sks			

FLOAT EQUIPMENT				
RH	30 sks		Guide Shoe	
			Centralizer	
			Baskets	
			AFU Inserts	
			Float Shoe	
			Latch Down	
			Wood plug - 1	
			Pumptrk Charge	plug
			Mileage	35

Signature	Levi Bussard	Tax	
		Discount	
		Total Charge	

Thanks